

SOCIETY FOR RURAL DEVELOPMENT SERVICES, HYDERABAD

Verification of Certificates for the Post of _____ On _____, 13

1	ITDA District to which the Candidate belongs				
2	Application ID				
3	Name of Candidate (As per the SSC certificate - Copy to be Enclosed)	Surname		Name	
4	Gender	Male / Female			
5	Father's Name (As per SSC certificate)	Surname		Name	
6	Date of birth / Age (As per SSC Certificate - Copy to be Enclosed)	DD	MM	YYYY	Age in Years
7	SSC certificate number				
8	Native District (As certified by MRO - Copy to be Enclosed)				
9	Whether belongs to SC/ST/BC-(A/B/C/D/E)/OC(if so caste/sub caste - Copy to be Enclosed)				
10	Whether belong to local tribe - Copy to be Enclosed	District	Tribe	Sub Tribe	Any Other Details
11	If Person With Disability, Type of Disability & Percentage - Copy to be Enclosed	Type		Percentage (%)	
12	Educational Qualification (Prescribed for the post - Copy to be Enclosed)	Prescribed			Possessed
13	Qualification relaxed in favor of local ST's	Relaxed			Possessed
14	Percentage of marks in the examination (Prescribed/Possessed) Marks list to be enclosed	Qualification			Percentage
					_____%
15	Whether Worked earlier in MGNREGS/ IWMP (if so details)				
16	Cell phone number				
17	E-Mail address				
18	Postal address	H.No: Village/Street: Mandal/City: District: Pin Code:			

Remarks: Correct/In correct/Other remarks _____

Verified by Name }
 Designation: }
 Signature : _____

Signature of the candidate.

HR PROFILE

PERSONAL INFORMATION FORM
<ul style="list-style-type: none">▪ Should be filled in by the applicant in clear handwriting.▪ Recent passport size photograph should be affixed.

Please affix a
Passport size
Photograph

1. PERSONAL PARTICULARS:

Name _____

Date of Birth: DD/MM/YR _____ Age _____

Sex: _____ Father's Name: _____

Nationality _____ Religion _____

Social Status:

(OC/BC-A/BC -B/BC -C/BC-D/BC-E/SC /ST)

Physical Disability: _____ . Percentage of Disability _____

If so specify weather: Orthopedically/Hearing/Visually: _____

Present Address:

Permanent Address:

Telephone No. _____

Email Id. _____

Telephone No. _____

2. EDUCATIONAL QUALIFICATION: (Begin with the highest)

Qualifying exam	Year		% of Marks	Division / Class	Name of School/College/University	Subjects / Specialization
	From	To				

3. WORK EXPERIENCE in MGNREGS/IWMP if any

Period		Name of the Organization MGNREGS/ IWMP	Designation	Place of Work	
From	TO			District	Mandal

I declare that the details given above are true, complete and correct to the best of my knowledge and belief.

Date:

Signature of the Candidate